

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) David Graham Brooks		2. Identification Number
(b) Address (number and street) 422 S. Scott St	<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code New Orleans, LA 70119		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Independent	5. Office Sought US House of	6. State & District of Candidate Louisiana Second Congressional District

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) David Brooks Campaign
(b) Address (number and street) 422 S. Scott St
(c) City, State, and ZIP Code New Orleans, LA 70119

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Date

15 September 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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PHONE (504) 713-2420

David Brooks

422 S. Scott

New Orleans, LA 70114

PAYMENT BY ACCOUNT (if applicable)

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Scheduled Delivery Time	Postage
70119	9-19-14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$ 19.99
Date Accepted (MM/DD/YYYY)	Time Accepted	Return Receipt Fee	Insurance Fee S.I.A. 1000 Fee
9-18-14	1:32 PM	\$	\$ 1.19
Weight	Flat Rate	Sunday/Holiday Premium Fee	Live Animal Transportation Fee
1.04 lbs.	\$ 1.04	\$	\$
Acceptance Employee Initials		Total Postage & Fees	
JYC		\$ 19.99	
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Delivery Attempt (MM/DD/YYYY) Time	Employee Signature		
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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JB	9/19/2014
PREPARER (8/2013)	DATE PREPARED

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